

DEC. 29, 2004 4:24PM TTC-PA 650-326-2422

RECEIVED NO. 511 P.1
CENTRAL FAX CENTER

DEC 29 2004

Atty Docket No. 019433-000620US

PTO FAX NO.: 1-703-872-9306

ATTENTION: Examiner Wood, Elizabeth D.

Group Art Unit 1755

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Wood, Elizabeth D.**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of MICHAEL ZIMMERMANN
Application No. 10/772,857, filed February 4, 2004
for MAGNESIUM AMMONIUM PHOSPHATE CEMENT COMPOSITION
are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Number of pages being transmitted, including this page: 7

Dated: 29 December 2004 Nancy Pizzo
Nancy Pizzo

Documents Attached

1. SB/21 - Transmittal Form (1 pg)
2. SB/17 - Fee Transmittal Form (1 pg)
3. SB/22 - Petition for Extn. of Time - 1 month (1 pg)
4. Amendment (2 pgs)
5. Terminal Disclaimer (1 pg)

**PLEASE CONFIRM RECEIPT OF THIS PAPER BY
RETURN FACSIMILE AT (415) 576-0300**

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 650-326-2400
Fax: 650-326-2422

60388385 v1

DEC 29 2004

PTO/SB/21 (08-04)

**TRANSMITTAL
FORM**

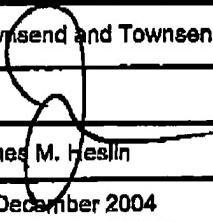
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/772,857
Filing Date	February 4, 2004
First Named Inventor	ZIMMERMANN, MICHAEL
Art Unit	1755
Examiner Name	Wood, Elizabeth D.
Attorney Docket Number	019433-00062DUS

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

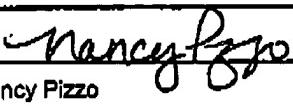
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	James M. Heslin		
Date	29 December 2004	Reg. No.	29,541

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office on the stated below.

Fax No. (703) 872-8306

Signature			
Typed or printed name	Nancy Pizzo	Date	29 December 2004

60388279 v1

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 125

Complete if Known	
Application Number	10/772,857
Filing Date	February 4, 2004
First Named Inventor	ZIMMERMANN, MICHAEL
Examiner Name	Wood, Elizabeth D.
Art Unit	1755
Attorney Docket No.	019433-000620US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number **20-1430**

Deposit Account Name **Townsend and Townsend and Crew LLP**

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 790	2001 395	Utility filing fee	
1002 350	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 365	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims			
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 8	Claims in excess of 20
1201 88	2201 44	Independent claims in excess of 3
1203 300	2203 150	Multiple dependent claim, if not paid
1204 88	2204 44	** Reissue independent claims over original patent
1205 18	2205 8	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	120
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	80
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	785
1255	2,080	2255	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,930	2453	665
1501	1,370	2501	685
1502	490	2502	245
1503	680	2503	330
1480	130	1480	130
1807	50	1807	50
1808	180	1808	180
8021	40	8021	40
1809	780	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900

Other fee (specify) Terminal Disclaimer

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$125)

65

SUBMITTED BY			
Name (Print/Type)	James M. Haslin	Registration No. (Attorney/Agent)	29,541
Signature			Date
		29 December 2004	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

60388298 v1

RECEIVED
CENTRAL FAX CENTER

DEC 29 2004

PATENTDocket No.: 019433-000620US
Client Ref. No.: Sanatis #1 US CON

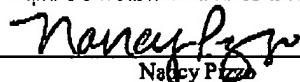
Customer No. 20350

I hereby certify that this correspondence is being Facsimile transmitted to the U.S. Patent and Trademark Office at the following Fax No.: 1-703-872-9306

on 29 DECEMBER 2004

TOWNSEND and TOWNSRND and CREW LLP

By:


 Nancy Pizzo

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

MICHAEL ZIMMERMANN

Application No.: 10/772,857

Filed: February 4, 2004

For: MAGNESIUM AMMONIUM
PHOSPHATE CEMENT COMPOSITION

Confirmation No. 6533

Examiner: Wood, Elizabeth D.

Art Unit: 1755

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the office action mailed on September 10, 2004, Applicants submit a Terminal Disclaimer over prior commonly assigned patent no. 6,692,563. It is believe that the Terminal Disclaimer overcomes the only rejection and that the application is now in condition for allowance.

Applicant also notes the following in response to questions raised in the Office Action. First, the application is complete with respect to referenced serial nos. and applicant is not aware of any errors needing correction. The information disclosure included only one page (page 3) which referenced art. That page has been acknowledged. There is no evidence to be submitted under 37 C.F.R. § 1.131 or 1.132.

Application No. 10.772,857
Amendment fax-filed on 29 December 2004
Response to Office Action of 10 September 2004

PATENT

CONCLUSION

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 650-326-2400.

Respectfully submitted,

James M. Heslin
Reg. No. 29,541

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: (415) 576-0200
Fax: (415) 576-0300
JMH:nap
Enclosure: Terminal Disclaimer
60388255 v1